



Goodwin Elementary Announcements & Events

Notices for 2/13/15

- *Mansfield Parks & Recreation Lacrosse
Registration Information*

Scroll down to view the notices



Mansfield Parks & Recreation

Family, Fitness & Fun!

MANSFIELD LACROSSE REGISTRATION INFORMATION!



(420067-A) Lightning Division (grades K-2) *Boys/Girls

(420067-B) Bantam Division (grades 3&4) * Boys

(420067-C) Junior Division (grades 5&6) * Boys

(420067-D) Senior Division (grades 7&8) * Boys

* All divisions open to Mansfield/Ashford/Willington/Columbia

(Boys/Girls) Lightning Division 5-week introductory to lacrosse held Saturdays, April 4 - May 2, 12-1:15pm. Instructors/coaches teach fundamentals of lacrosse, focusing on catching, cradling, throwing and picking up ground balls (scooping). Participants must provide lacrosse fiddle stick or other properly sized lacrosse stick and a mouth guard. Eye goggles are optional. Fee: \$30.00/\$40.00 (non-residents). (420067-A)

(Boys) Bantam Division will participate as members of the Connecticut Valley Youth Lacrosse League. This division will teach individual skills and introduce team concepts. League games will be played at home and away sites. Coaches will teach the fundamentals of lacrosse, focusing on catching, cradling, throwing and picking up ground balls. No checking is allowed in Bantam level play. Typically there is a 2-3 day weekly commitment (practices and/or games). Practices and games will be held early-April to June. Required equipment to be provided by participant; mouth guard, arm & shoulder pads, gloves and lacrosse stick.

Program fee: \$60.00/\$70.00 (non-residents). (420067-B)

(Boys) Junior Division will participate as members of the Connecticut Valley Youth Lacrosse League. Continued development of fundamentals with advanced individual, team play and the introduction of body checking at this level. Typically there is a 2-3 day weekly commitment (practices and/or games). Required equipment to be provided by participant; mouth guard, arm & shoulder pads, gloves and lacrosse stick. Program fee: \$65.00/\$75.00 (non-residents). (420067-C)

(Boys) Senior Division will participate as members of the Connecticut Valley Youth Lacrosse League. Continued development of individual skills as well as more advanced game strategies will be taught. League games will be played at home and away sites. Typically there is a 2-3 day weekly commitment (practices and/or games). Required equipment to be provided by participant; mouth guard, arm & shoulder pads, gloves and lacrosse stick. Program fee: \$70.00/\$80.00 (non-residents). (420067-D)

How to Register: *In person at the Mansfield Community Center, by mail or online (www.mansfieldcc.com) Registration must be completed in advance. No on-the-field registrations. Call (860) 429-3015, ext. 0 for more information. Registration form is attached.*

****Certified game referees needed. Local training programs forming now. Contact us today!***

VOLUNTEER LACROSSE COACHES NEEDED!

YES, I WOULD LIKE TO HELP...

(Check/Circle options below and return with registration form.

If registering on line please send email to okeefejm@mansfieldct.org regarding your interest in coaching or helping the program in another way)

____ *Head Coach* *Division:* *K-2 Bantam Junior Senior*

____ *Assistant Coach* *Division:* *K-2 Bantam Junior Senior*

____ *Other Program Support* *Division:* *K-2 Bantam Junior Senior*

Name: _____

Email Address: _____

Mailing Address: _____

Best Contact Phone Number: _____

Registration form on next page!



Activity Registration Form

PLEASE CHECK REGISTRATION DATES. PLEASE PRINT CLEARLY!

Online Registration is available. Go to www.mansfieldcc.com and click on the on-line registration link. If registering for camp, please also fill out the additional camp form for ALL camps.

MAIL TO: Mansfield Parks & Recreation Department, 10 South Eagleville Road, Storrs/Mansfield CT 06268

☐ Please check here if any of the above information is new.

Primary Household Contact (Parent/Guardian)

Name:	
Address:	
Town:	Zip:
Phone: (H)	(W)
(Cell)	
Email Address:	

Secondary Household Contact (Parent/Guardian)

Name:	
Address:	
Town:	Zip:
Phone: (H)	(W)
(Cell)	
Email Address:	

LOCAL Emergency Contact (Other than parent/guardian, i.e. grandparent, neighbor, etc.)

Name:	Phone:
-------	--------

Activity#/Letters	Activity Name	Participant's Last Name	First Name	Birth Date	Gender	Fee
Contribution to Scholarship Fund						

☐ Please check here if you have purchased a Community Center Membership.

Some Mansfield residents may be eligible for low-income fee reductions. Check with the Parks & Recreation Office for more information and an application.

Also fill details below for each participant:

	Grade	School	Allergies, Special Asst., Meds, Other Info:
1.			
2.			
3.			
4.			

PAYMENT INFORMATION: Please make checks payable to: Town of Mansfield/MCC

Payment Method: Check _____ Cash (In office only) _____ AMEX/DS/MC/Visa (In office only) _____

(Separate checks required for each program)

Credit Cards accepted online and in person only!

WAIVER OF PARTICIPANT BY PARENT OR SELF: I hereby agree to release, discharge, and hold harmless the Town of Mansfield, its directors, officers, employees, agents, contractors, and/or volunteers from any and all liability that may occur during either my participation or the participation of my minor child in the above listed recreational activities. I understand that participation in any recreational sport or activity involves risk, and I grant permission to the Town of Mansfield to utilize any medical emergency services it deems necessary to treat any injuries that I or my minor child may incur. I further understand that the Town of Mansfield does not provide insurance for recreational program participants.

PHOTO RELEASE: I understand that for promotional purposes, the Town videotapes and/or takes photographs of participants enrolled in recreational activities, classes or programs. I hereby release and permit the Town of Mansfield to utilize for said promotional purposes any photographs and/or videotapes of me or my minor child engaging in the above listed recreational activities.

Signature: _____ Date: _____